

Phase 3 Clinical Trials: Latest Updates

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Asia-Pacific Vitreo-retina Society Congress | Gold Coast, Australia

The following presentation discusses OTX-TKI, an investigational product candidate that has not been approved by the FDA or any other regulatory body; safety and effectiveness have not been established



SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

SOL-1

Phase 3 Superiority Trial

Durability of a single
OTX-TKI injection

SOL-R

Phase 3 Non-Inferiority Trial

Repeat dosing
every 6 months

Complementary studies designed to
provide a comprehensive characterization of
OTX-TKI across patient populations

Extension Study

SOL-X

Open-Label Extension

Long-term safety and disease
modifying potential of continuous
VEGF suppression

Eligible patients who
complete end of Year 2 visit
in SOL-1 or SOL-R

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Complementary studies designed to
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Study Design: OTX-TKI and Aflibercept Direct Comparison

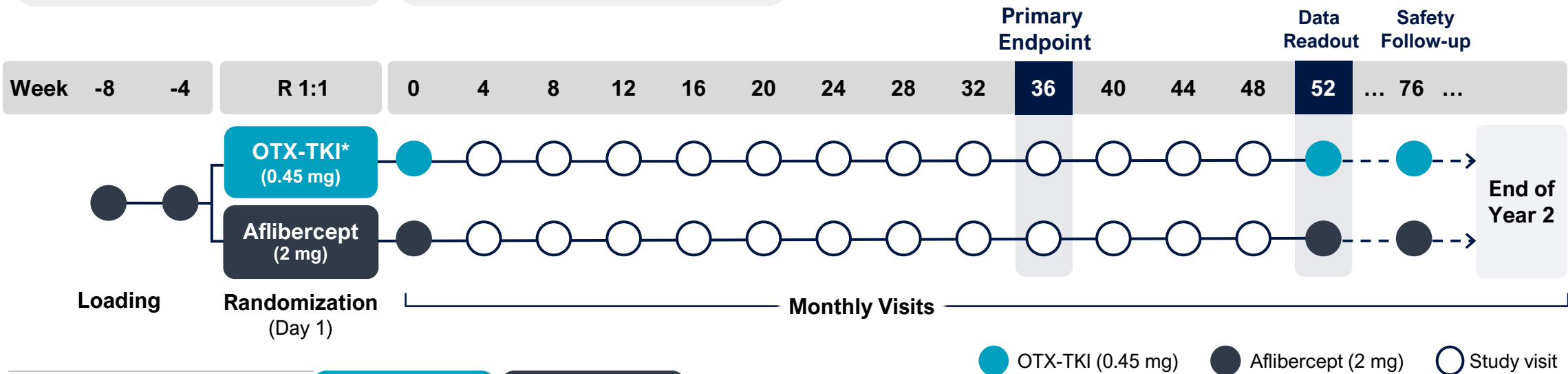
Key Enrollment Criteria (Screening)

- Treatment naïve
- **BCVA ≥ 54 ETDRS letters** (~20/80)
- **CSFT of ≤ 500 μm**

Key Randomization Criteria (Day 1)

- **BCVA gain ≥ 10 ETDRS letters**
OR
BCVA ≥ 84 ETDRS letters (~20/20)
- **CSFT of ≤ 350 μm**

Proportion of subjects who maintained visual acuity, defined as <15 ETDRS letters of BCVA loss from baseline at Week 36

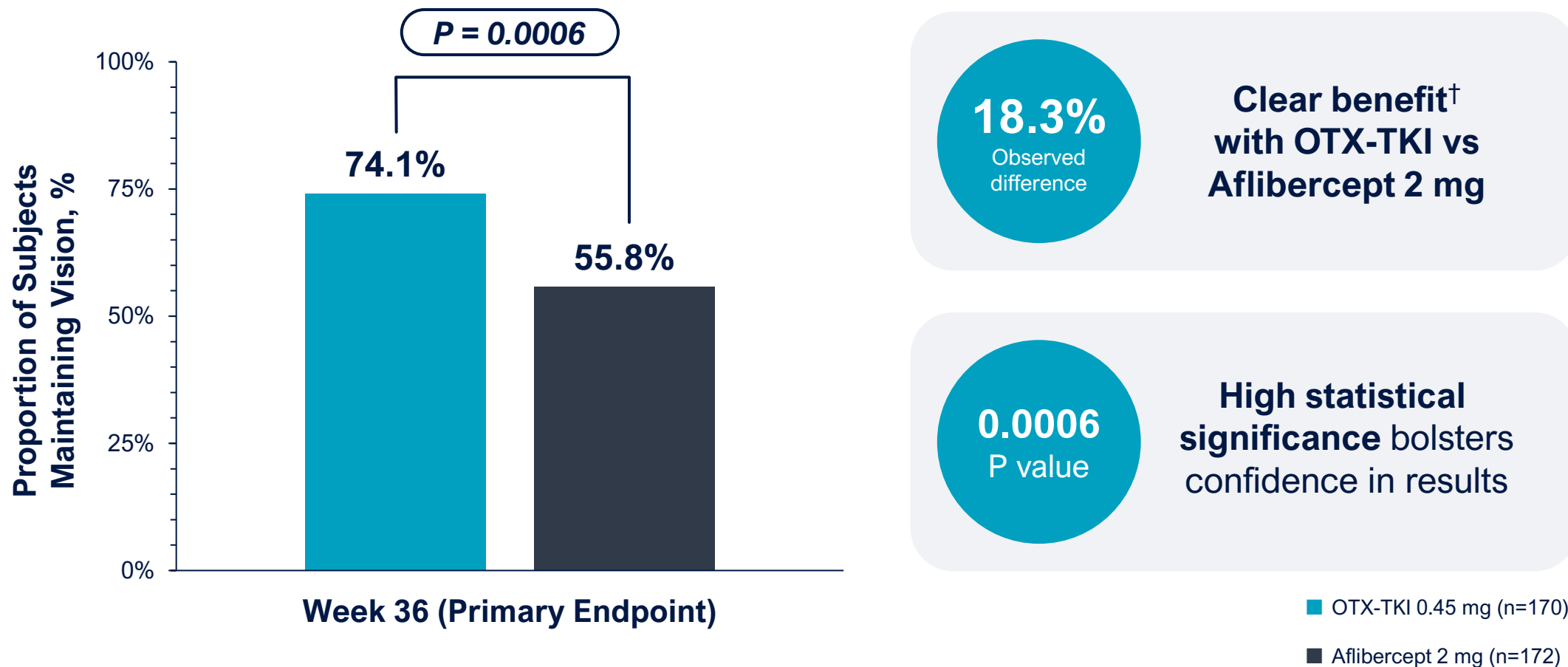


Baseline (Randomization) Study Eye Characteristics	OTX-TKI 0.45 mg N = 172 [†]	Aflibercept 2 mg N = 172
Mean (SD) BCVA, ETDRS letter score, Snellen Equivalent	80.8 (7.6) ~20/25	79.2 (7.9) ~20/25
Mean (SD) CSFT, μm ,	219.3 (37.1)	226.8 (42.1)

*No aflibercept injection is given at baseline;
[†]Two OTX-TKI subjects were misrandomized, did not receive study treatment and were not included in the full analysis set
ClinicalTrials.gov. identifier: NCT06223958
Rescue Criteria: BCVA loss ≥ 15 ETDRS letters from baseline due to nAMD; or New macular hemorrhage that would likely lead to irreversible vision loss if left untreated in the opinion of the investigator after discussion with Medical Monitor
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; SD, standard deviation

OTX-TKI Successfully Met Superiority Primary Endpoint

Vision Maintenance* with a Single Injection of OTX-TKI at Week 36



OTX-TKI Demonstrated Strong Potential for Annual Dosing

Superiority Primary Endpoint Successfully Met: OTX-TKI Demonstrated Superior Maintenance of Vision*

Month 9 Results

~3 of 4 OTX-TKI subjects
maintained vision* with a
single injection

74.1%

$P = 0.0006$

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SOL-1

Superiority Primary Endpoint Successfully Met: OTX-TKI Demonstrated Superior Maintenance of Vision*

Month 9 Results

~3 of 4 OTX-TKI subjects
maintained vision* with a
single injection

74.1%

$P = 0.0006$

Month 12 Results

~2 of 3 OTX-TKI subjects
maintained vision* with a
single injection

65.9%

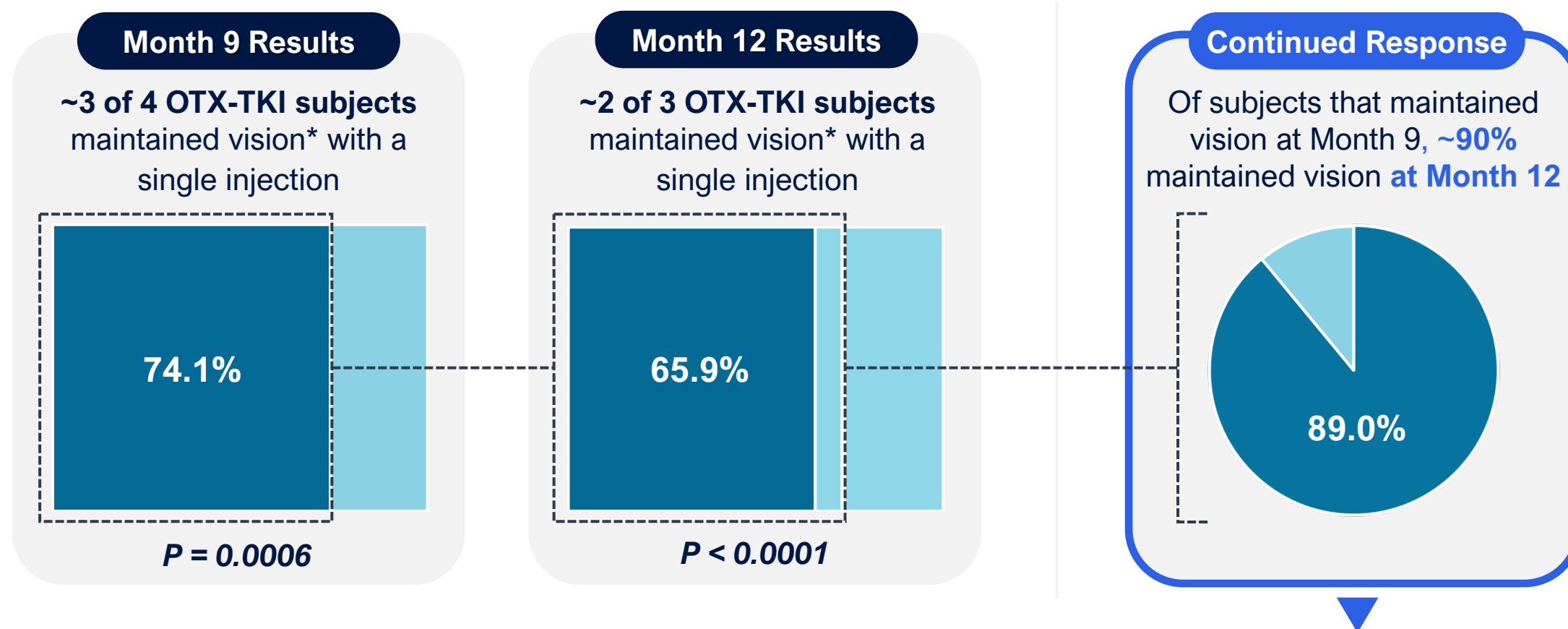
$P < 0.0001$

Unmatched Durability Observed with OTX-TKI in SOL-1

OTX-TKI Demonstrated Strong Potential for Annual Dosing

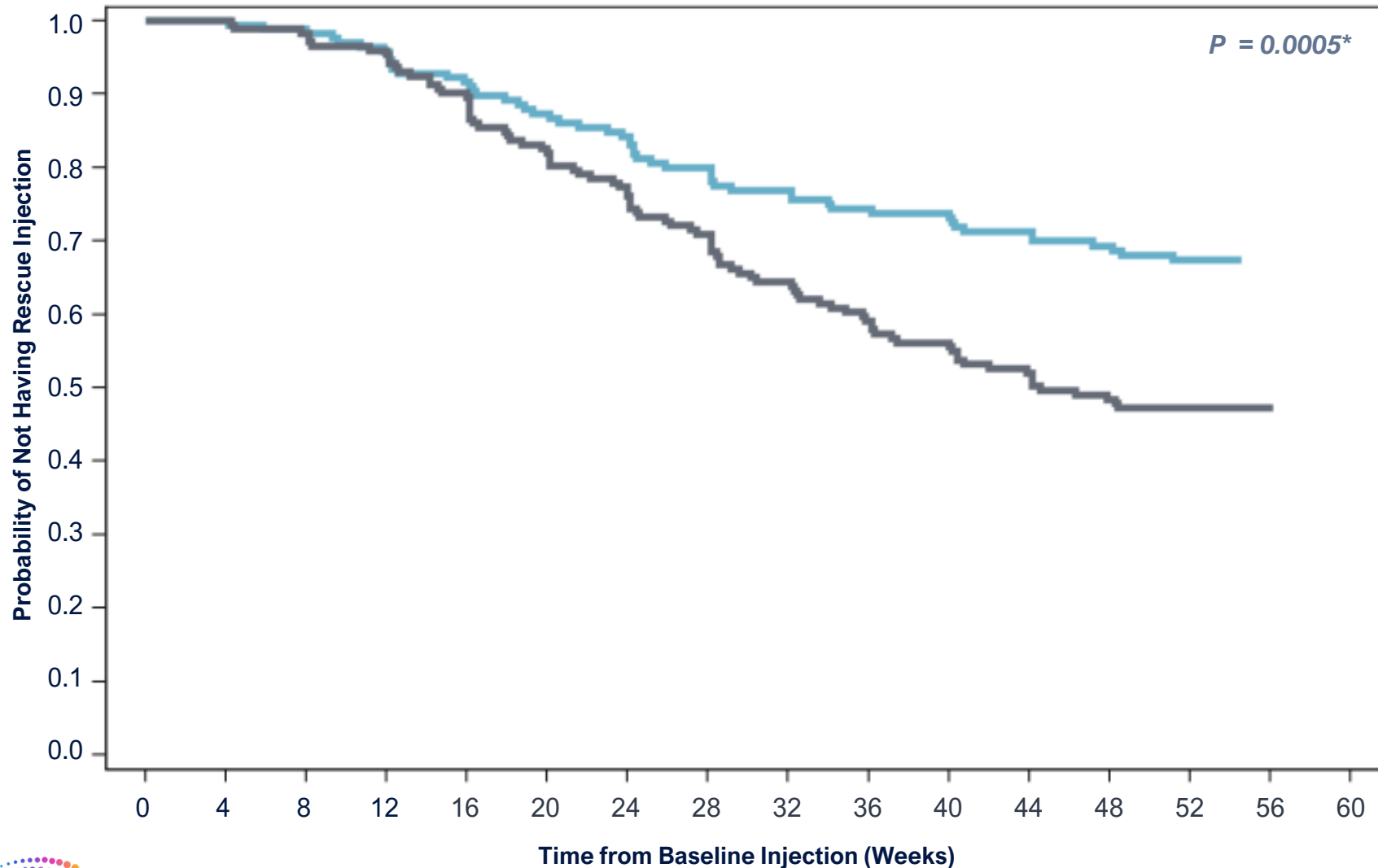
SOL-1

Superiority Primary Endpoint Successfully Met: OTX-TKI Demonstrated Superior Maintenance of Vision*



Unmatched Durability Observed with OTX-TKI in SOL-1

Significantly Lower Risk of Rescue During Year 1 with OTX-TKI

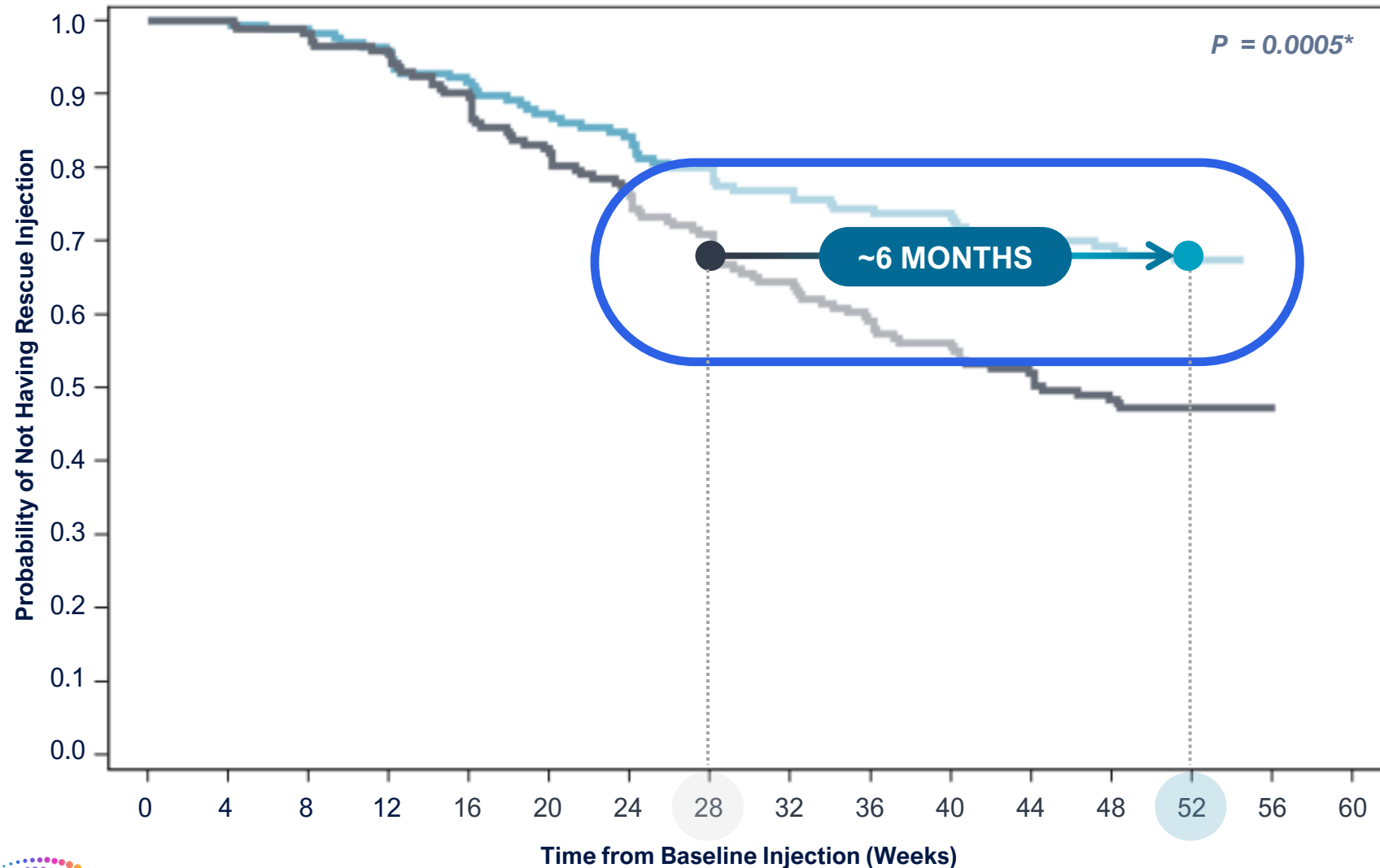


**Secondary Endpoint:
Time to First
Rescue Treatment**

— OTX-TKI 0.45 mg (n=170)
— Aflibercept 2 mg (n=172)

Significantly Lower Risk of Rescue During Year 1 with OTX-TKI

SOL-1



**Secondary Endpoint:
Time to First
Rescue Treatment**

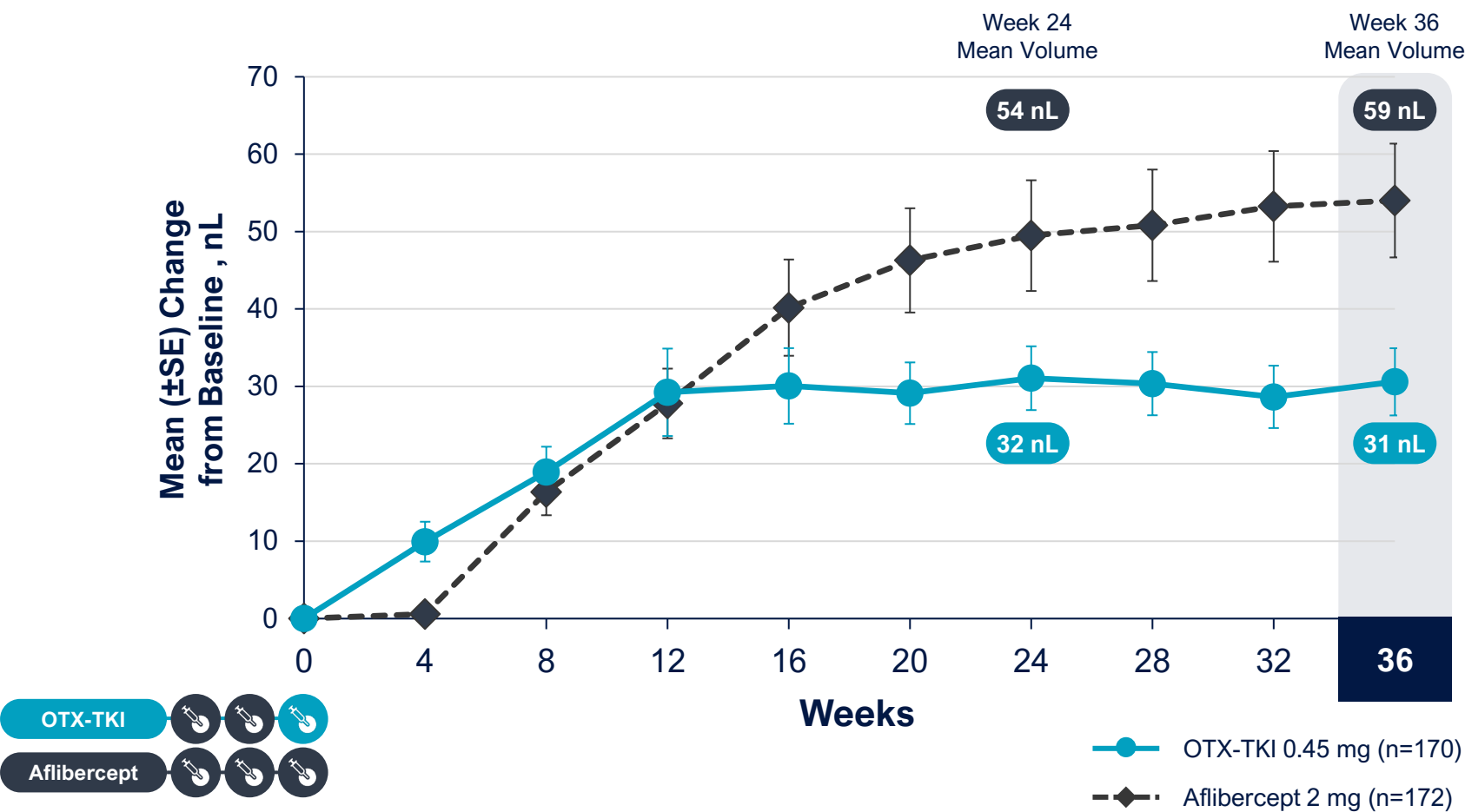
~6 Month Difference

OTX-TKI Week 52 rescue rate reflects **~6-month advantage** over aflibercept

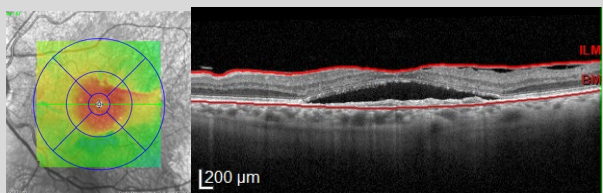
— OTX-TKI 0.45 mg (n=170)
— Aflibercept 2 mg (n=172)

OTX-TKI Delivered Sustained Fluid Control

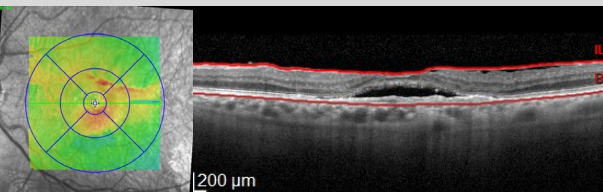
Prespecified Exploratory Analysis: Mean Change in Intra-Retinal and Sub-Retinal Fluid Volume



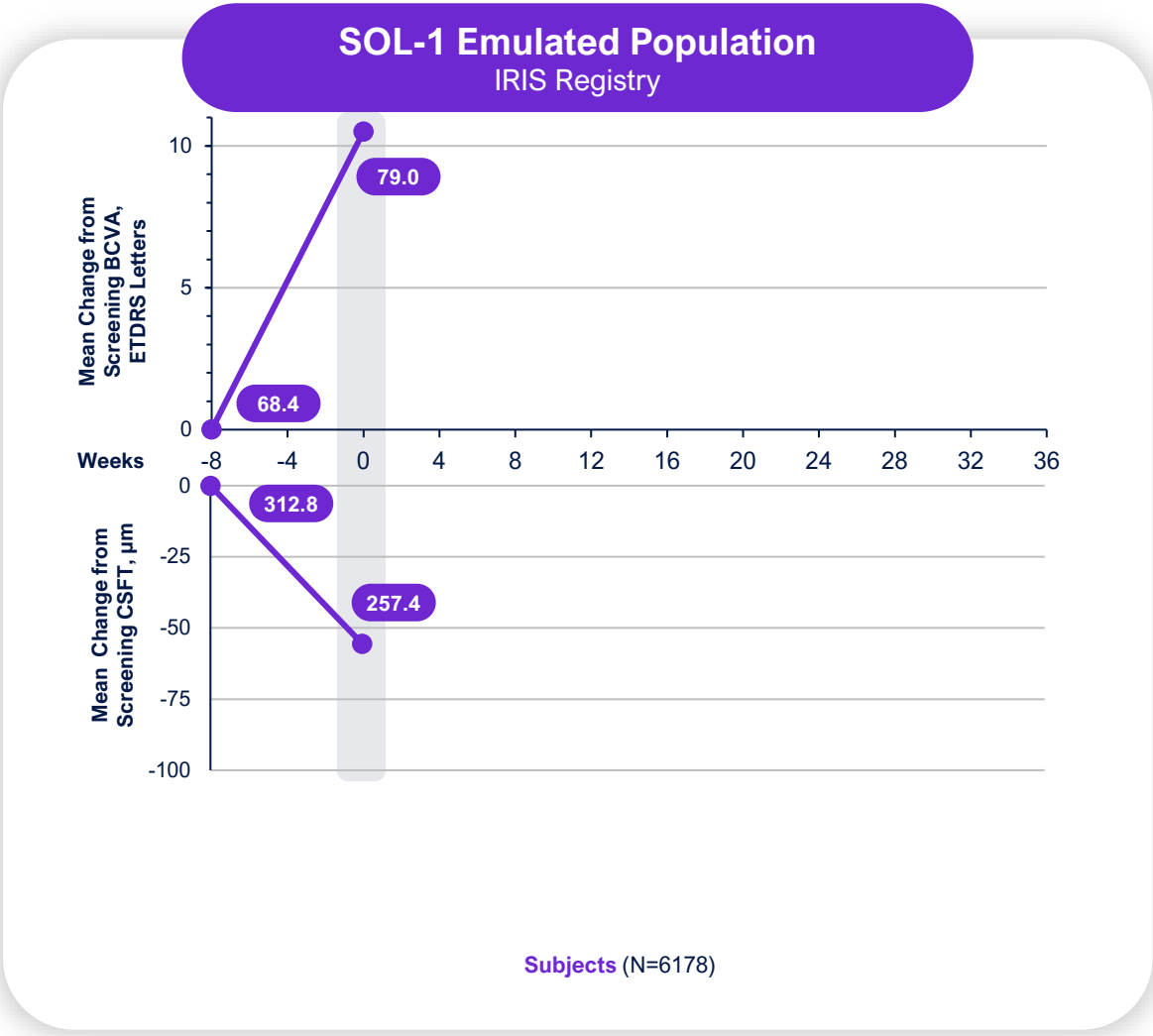
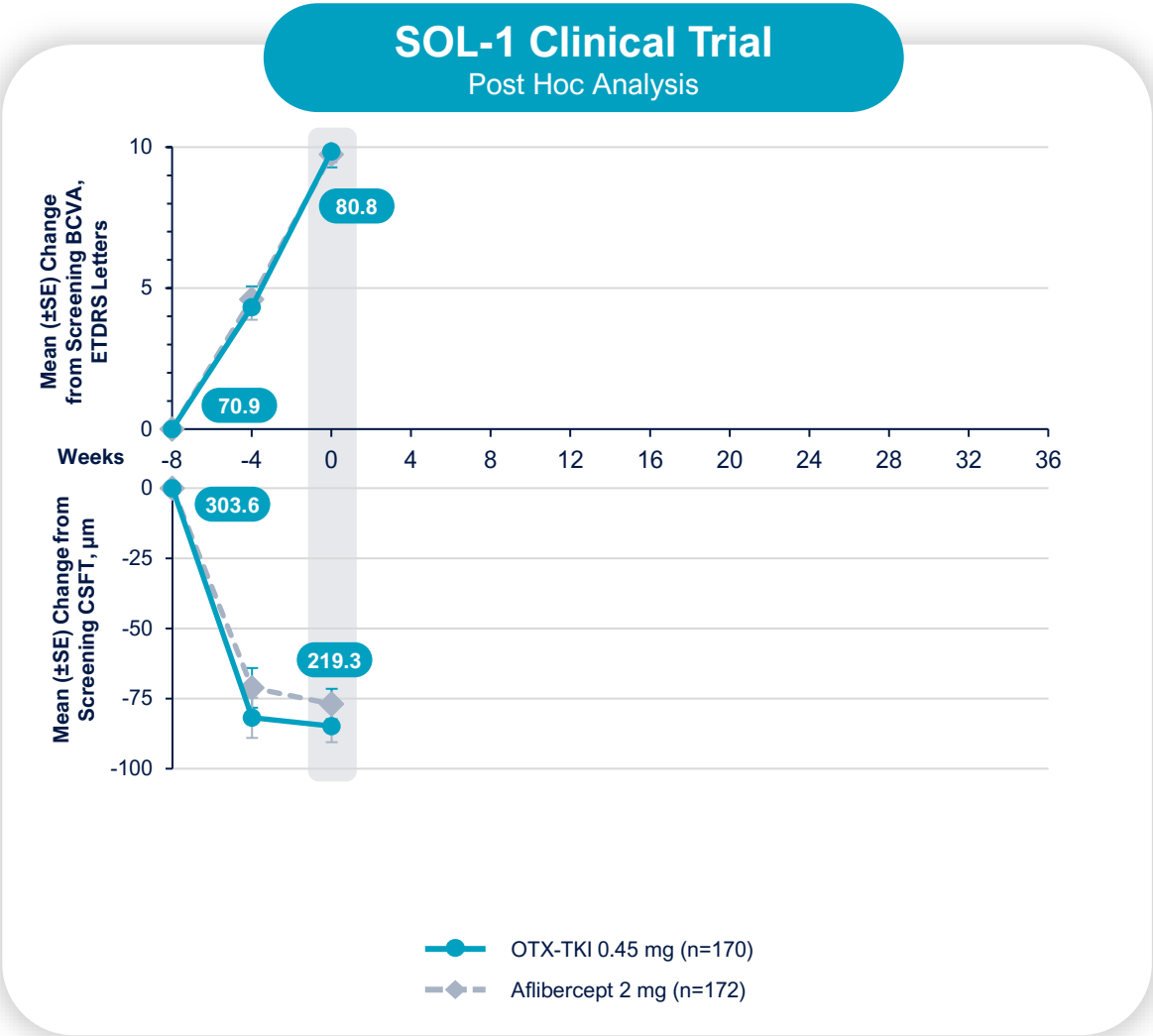
Total Fluid Volume: 60 nL



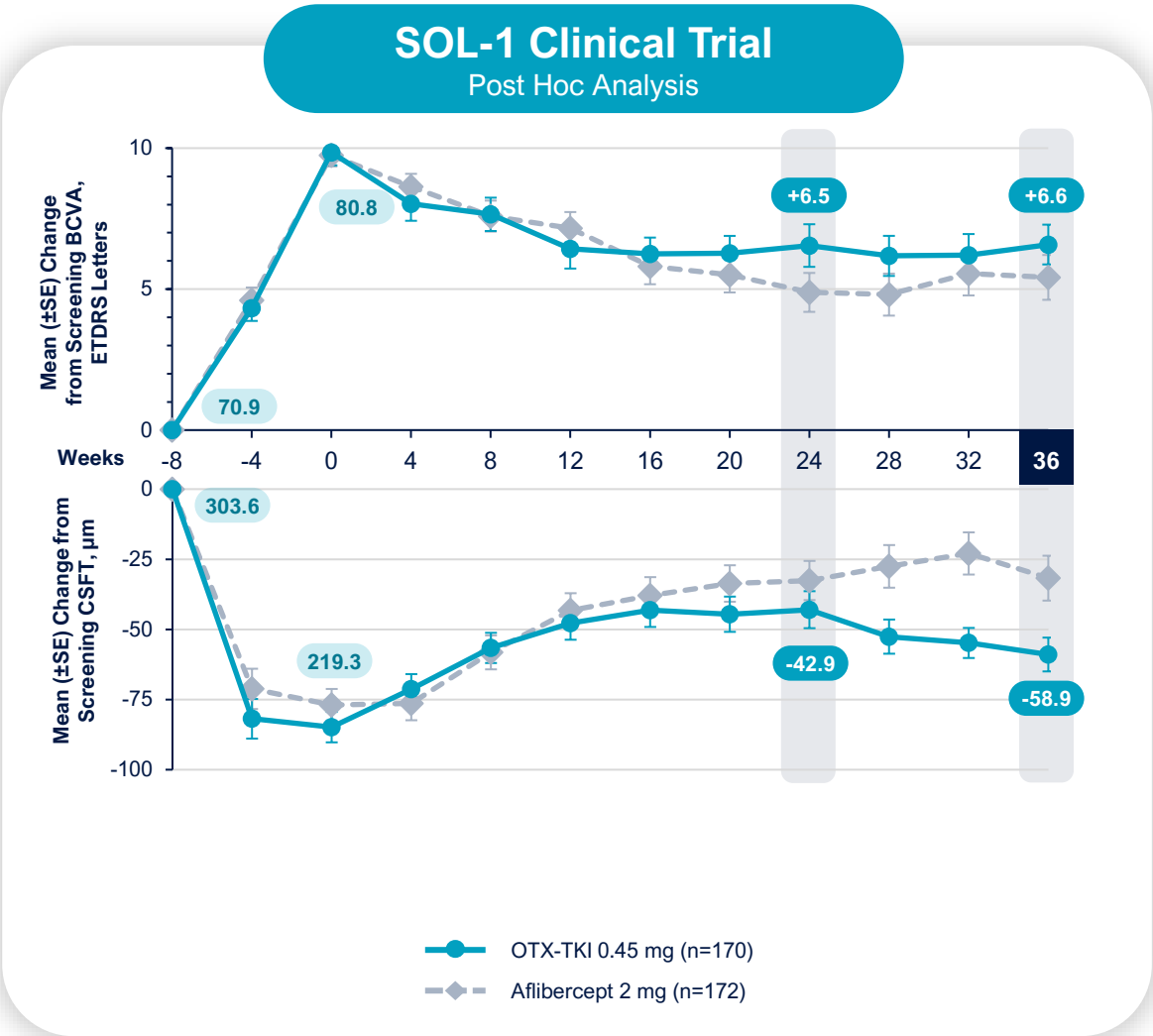
Total Fluid Volume: 30 nL



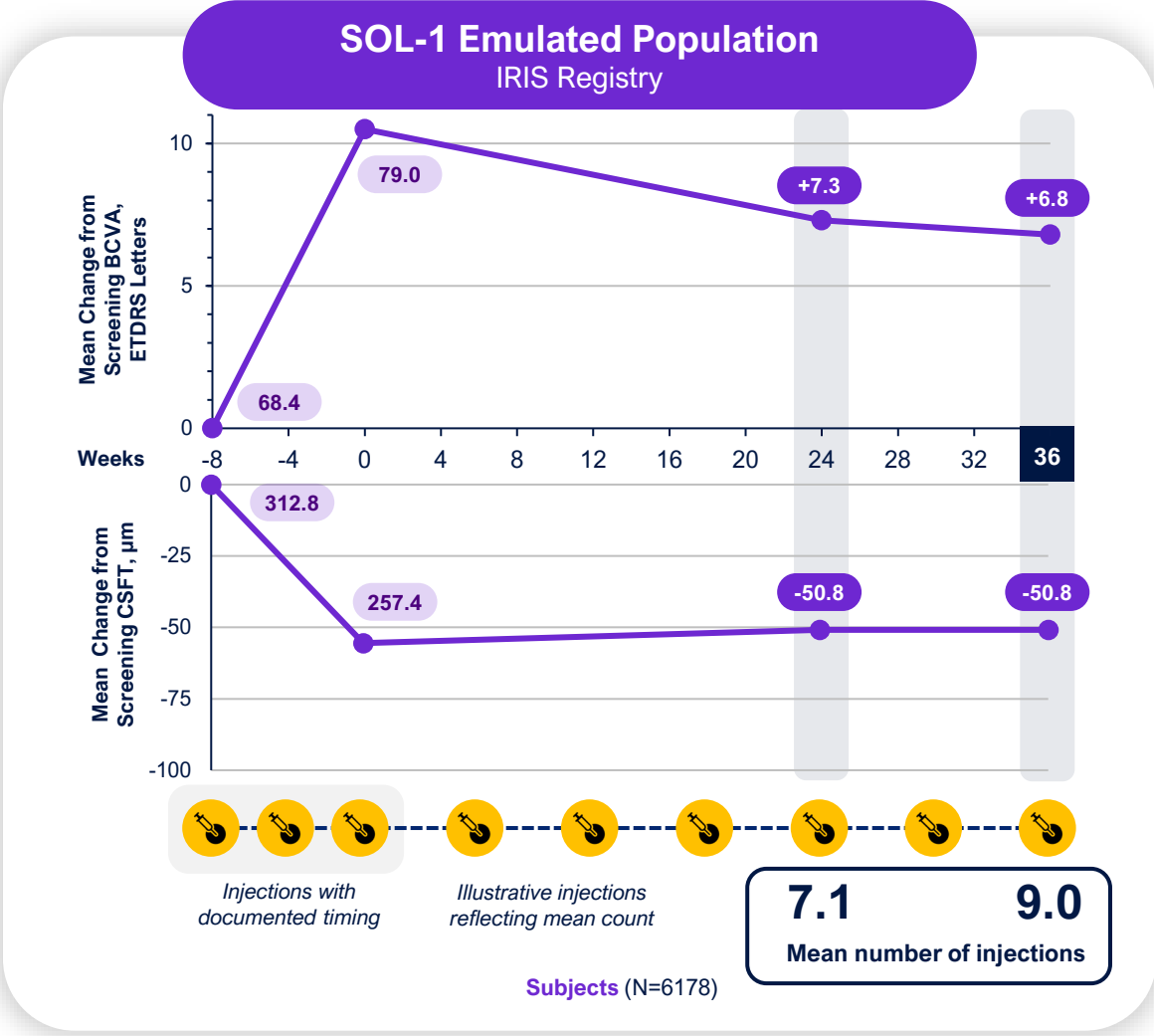
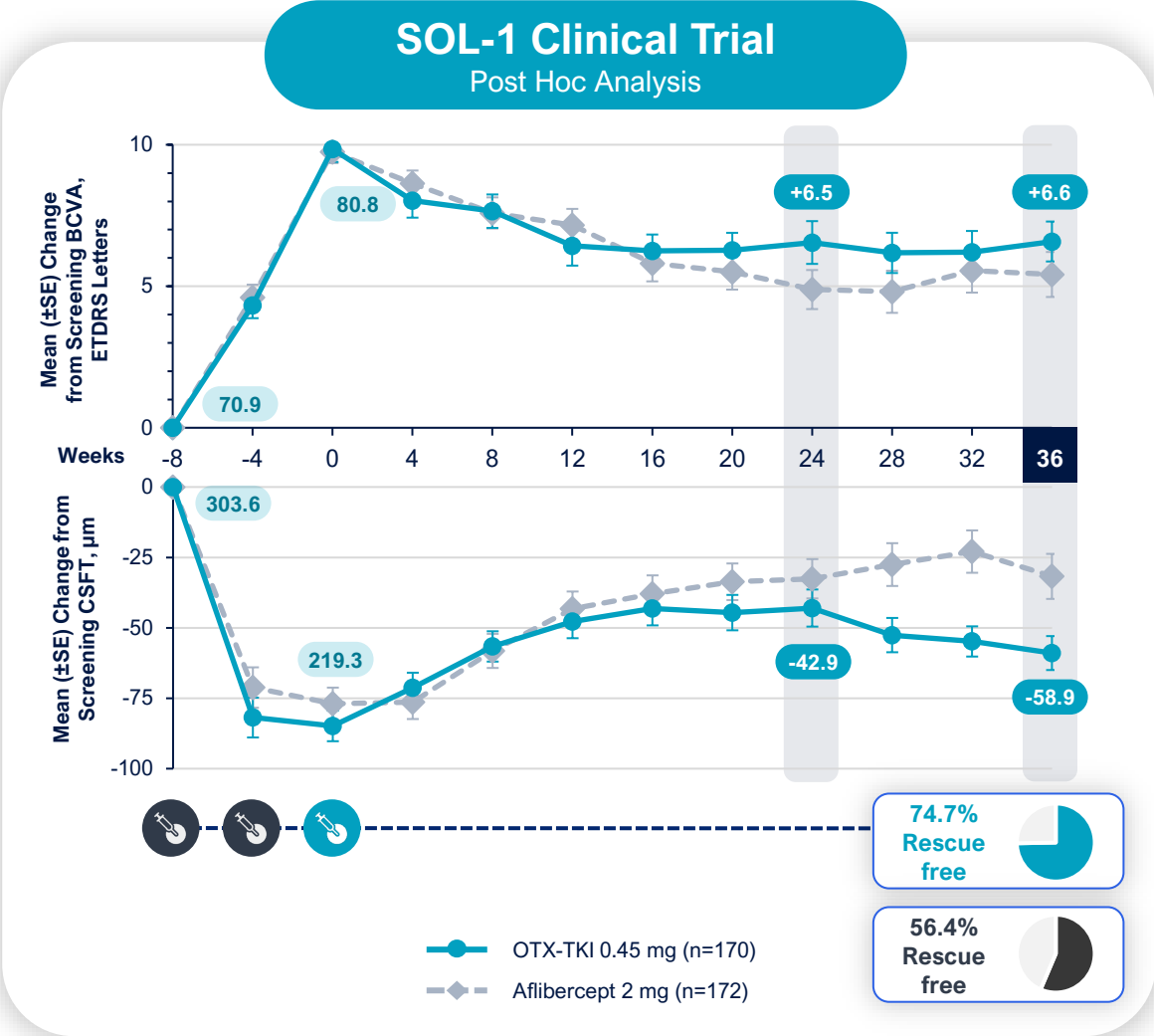
How Does SOL-1 Data Align with Real World Outcomes?



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OTX-TKI was Generally Well Tolerated

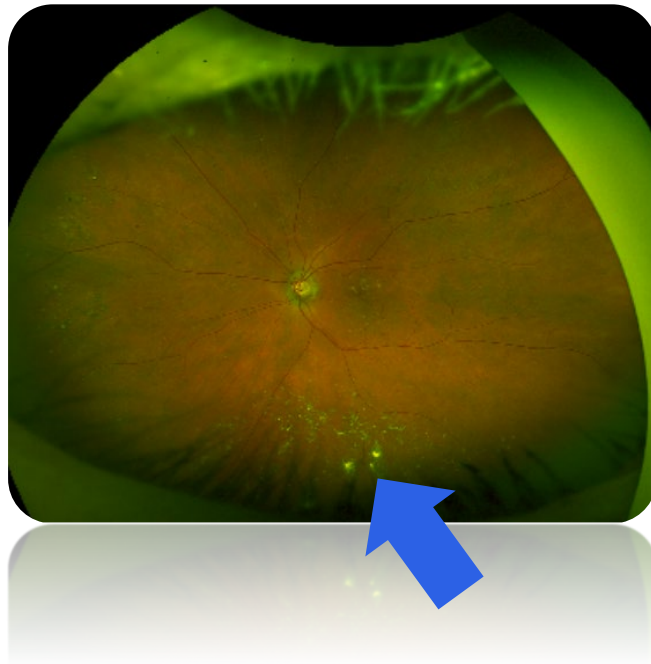
Ocular Adverse Events in the Study Eye

Subjects with Ocular AEs (> 2%) Through Week 52, n (%)	OTX-TKI 0.45 mg n = 170	Aflibercept 2 mg n = 172
Vitreous floaters	21 (12.4)	2 (1.2)
Cataract	12 (7.1)	5 (2.9)
Conjunctival hemorrhage	11 (6.5)	5 (2.9)
Retinal hemorrhage	10 (5.9)	17 (9.9)
Dry eye	7 (4.1)	2 (1.2)
Vitreous detachment	7 (4.1)	3 (1.7)
Punctate keratitis	6 (3.5)	0
Vitreous opacities	6 (3.5)	0
Eye pain	5 (2.9)	1 (0.6)
Anterior chamber opacity	4 (2.4)	0
Posterior capsule opacification	4 (2.4)	6 (3.5)

- Nine IOI events observed in study eyes of 7 subjects in the OTX-TKI arm
 - All cases were mild or moderate in severity and resolved
- **There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis**

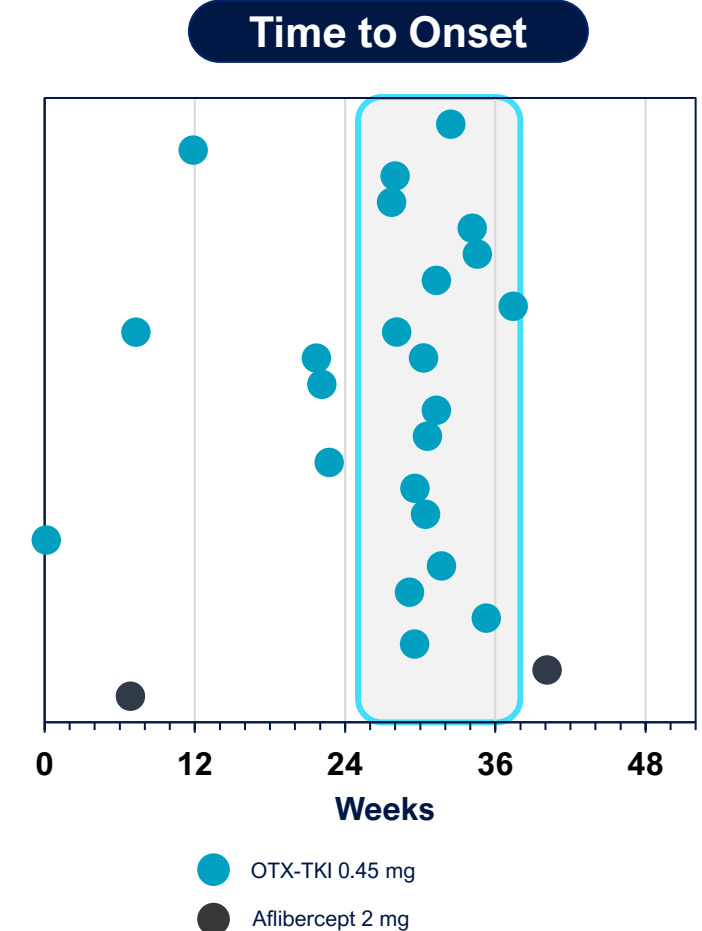
Appearance of Floaters May Correspond to Hydrogel Dissolution and Drug Elution

Evaluation of Vitreous Floaters



	OTX-TKI 0.45 mg n = 23*	Aflibercept 2 mg n = 2
Time to onset, days		
Mean (SD)	187.9 (64.0)	164.5 (164.8)
Median	207.0	164.5
BCVA change from prior visit before onset of floaters, ETDRS letters		
Mean change (SD)	-0.4 (5.0)	-5.5 (6.4)
Median change	0.0	-5.5

- All cases were mild to moderate in severity
- No evidence of IOI associated with floaters
- Onset of vitreous floaters AE coincides with drug elution stage of OTX-TKI hydrogel bioresorption process
- **For all subjects with vitreous floaters AE reported, drug particles are no longer visible**

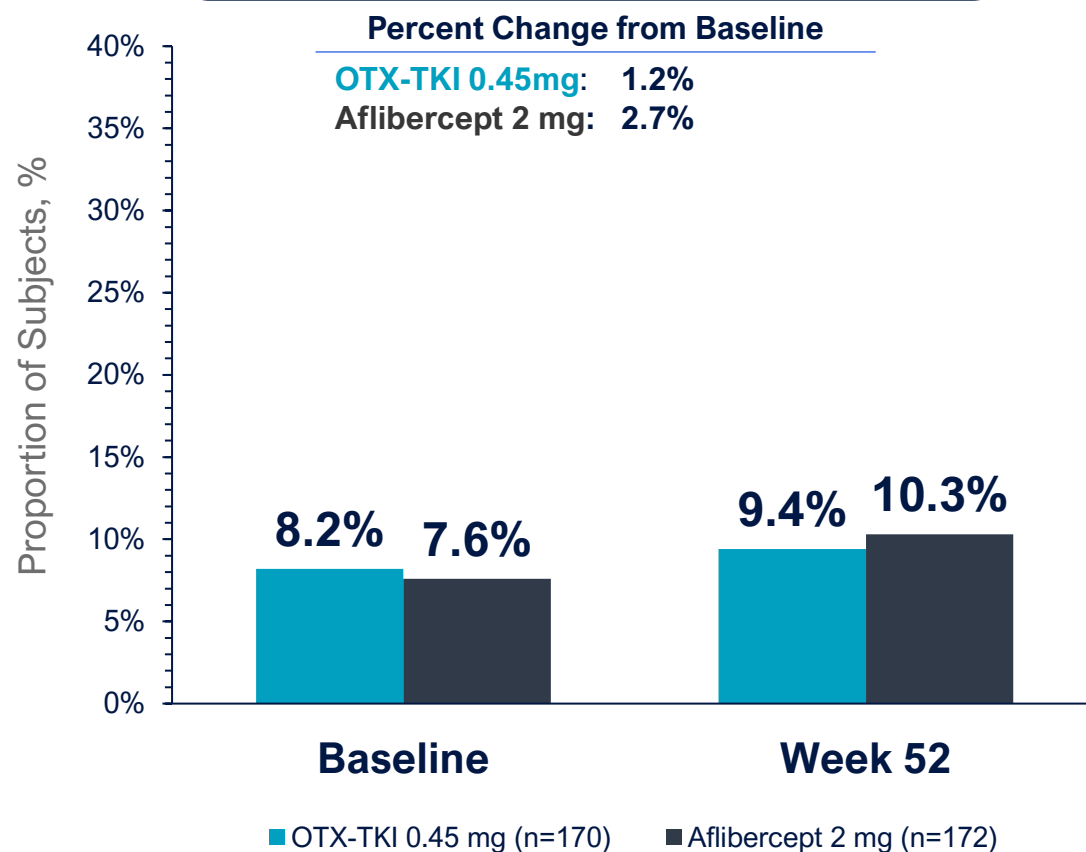


Incidence of Macular Atrophy in SOL-1

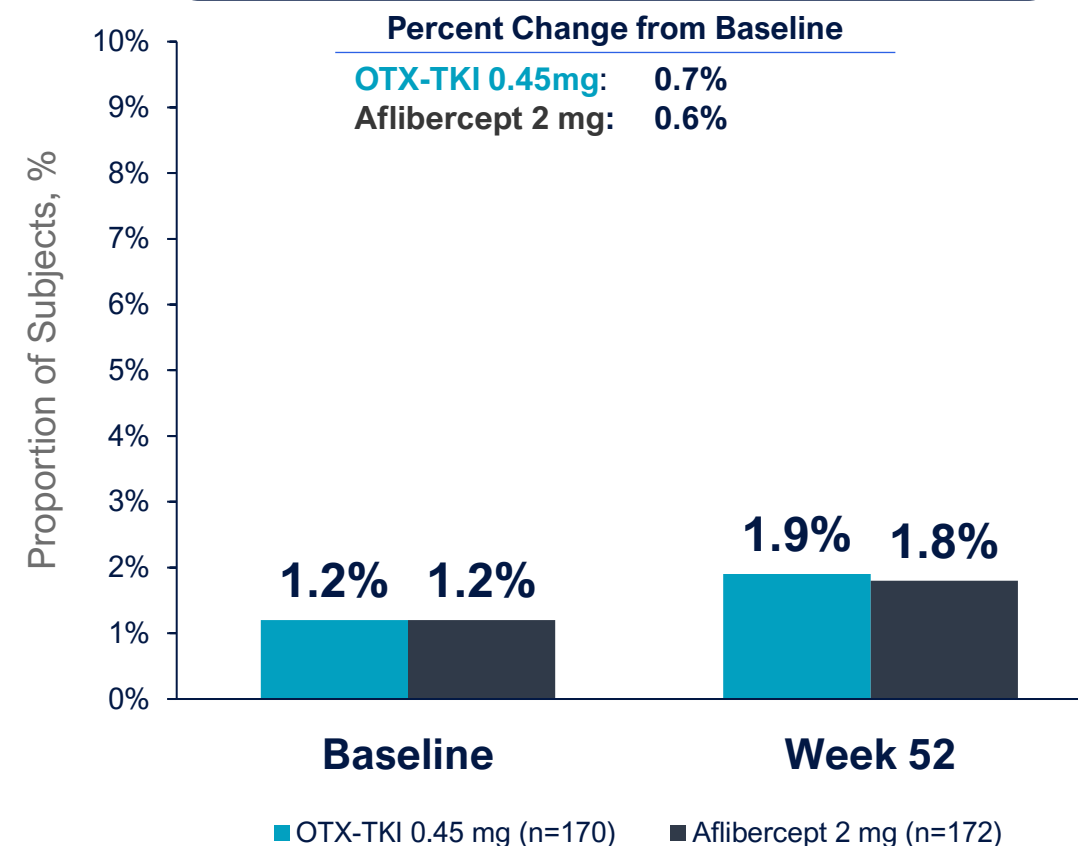
Safety Analysis

SOL-1

Any Macular Atrophy¹

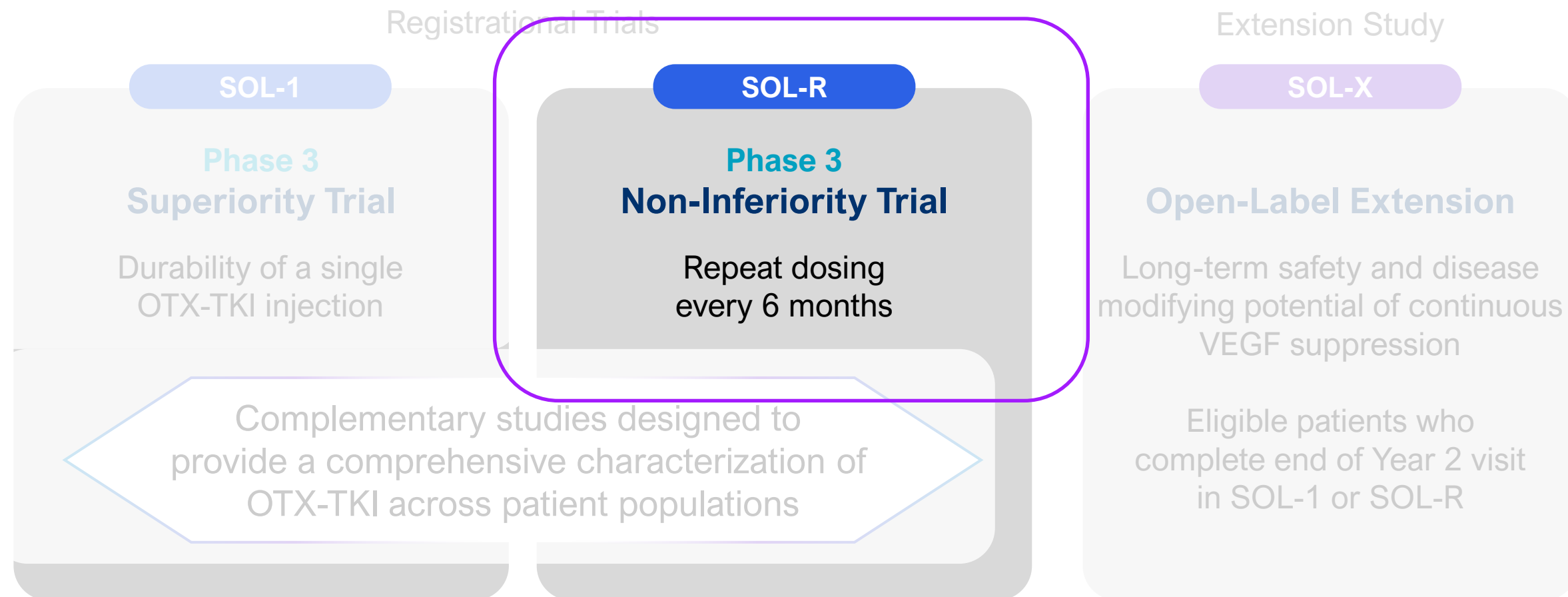


Macular Atrophy in the Central 1mm¹

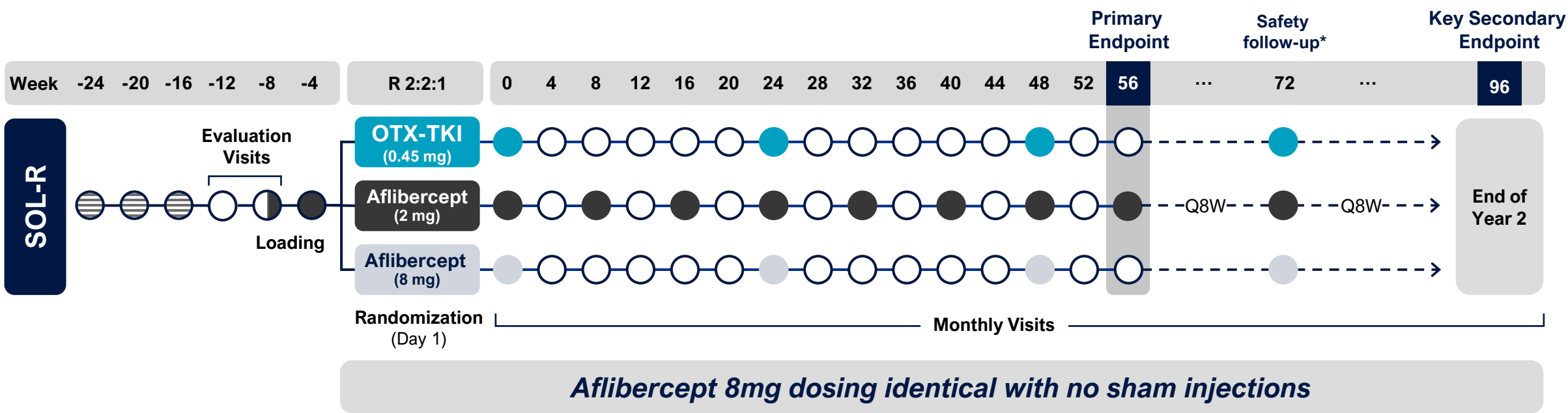


SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD



SOL-R: Evaluation of with OTX-TKI relative to aflibercept 2 mg and 8 mg



Primary analysis:

OTX-TKI dosed Q24W vs. aflibercept 2mg Q8W

Key Secondary Endpoint:

Superiority comparison at Year 2 vs. aflibercept 8mg

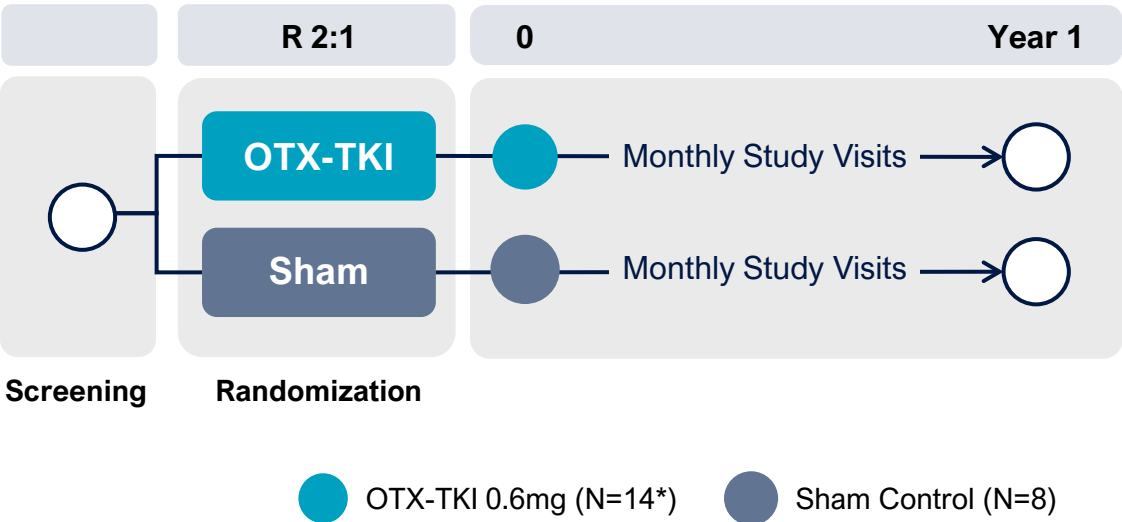
Secondary Endpoint:

Evaluating prevention of fibrosis & atrophy vs. aflibercept 2mg

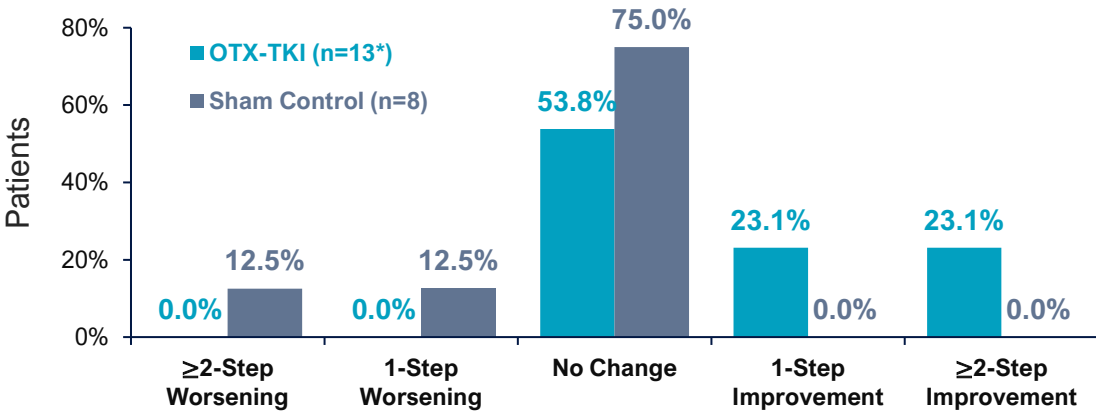
HELIOS-1 Study of OTX-TKI in NPDR

Design

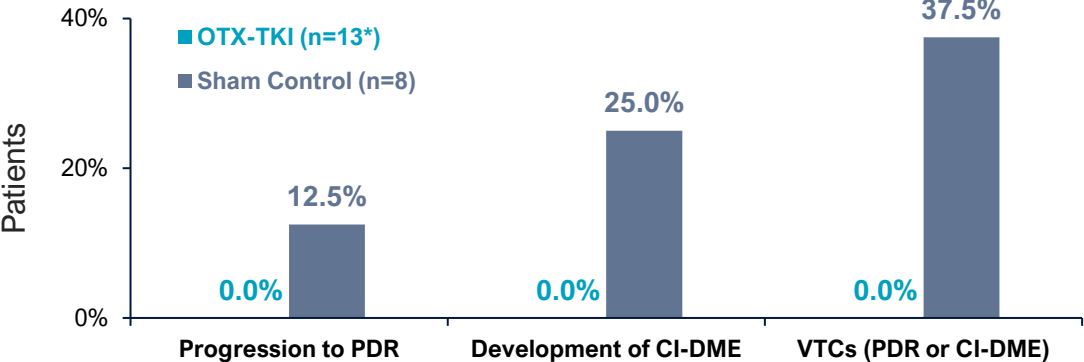
Multi-center, double-masked, randomized, parallel group study of OTX-TKI in moderately-severe to severe NPDR without CI-DME



Change in DRSS from Baseline to Week 48¹



Progression to VTCs at Week 48²



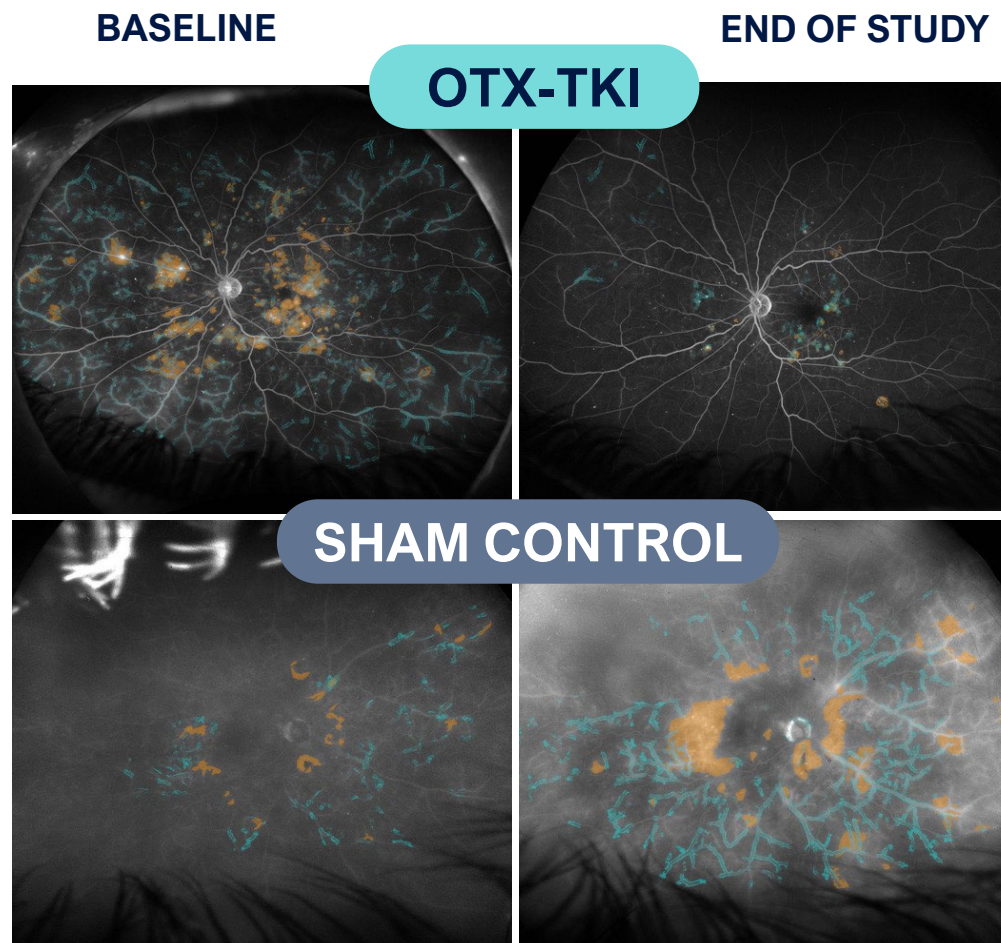
¹14 subjects enrolled in OTX-TKI treatment arm, with one subject death unrelated to treatment.
DRSS, diabetic retinopathy severity scale; NPDR, non-proliferative diabetic retinopathy; CI-DME, center-involved diabetic macular edema; PDR, proliferative diabetic retinopathy; VTC, vision-threatening complication

HELIOS-1: Total Retinal Vascular Leakage

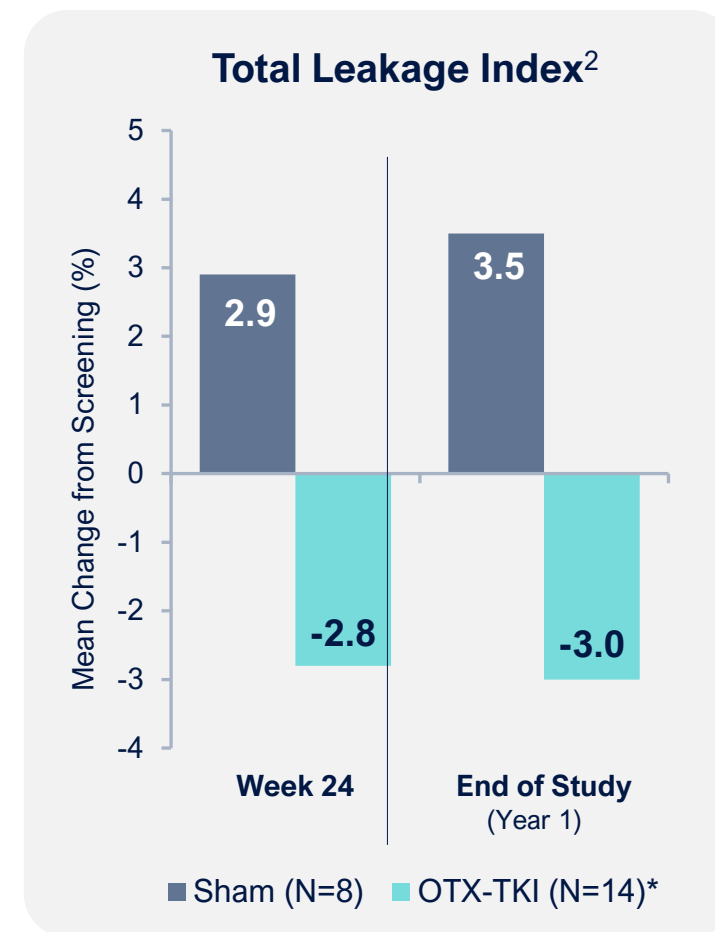
Post Hoc Analysis

Higher levels of total retinal vascular leakage associated with¹:

- More advanced DR
- Greater risk of disease progression
- Worse visual outcomes



Clinical images of ultrawidefield fluorescein angiography (UWF-FA) leakage of one patient. Individual results may vary.



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Diabetic Retinopathy Program

HELIOS-3 Study Design



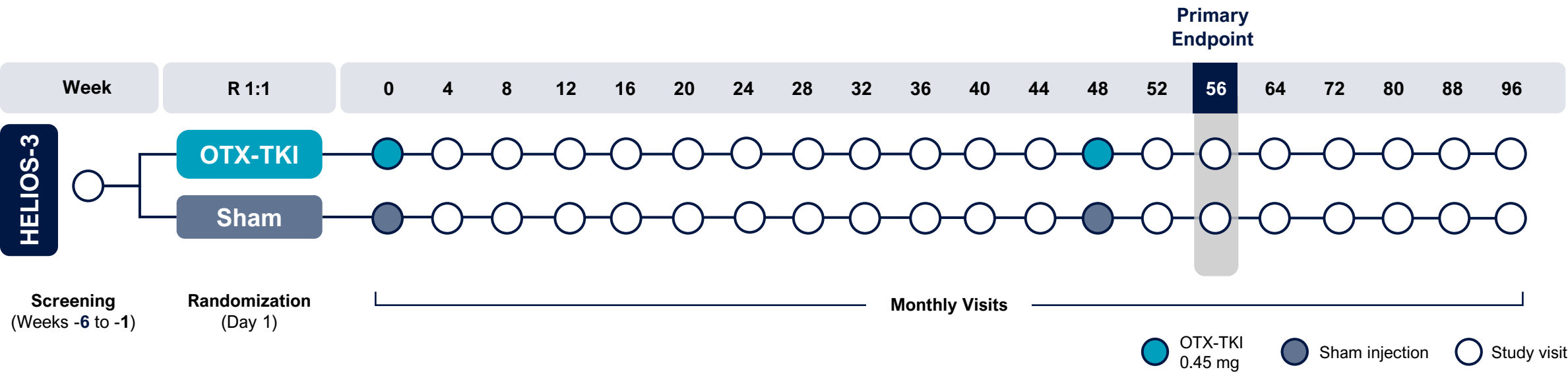
Evaluation of only Q12M OTX-TKI regimen vs Sham

Design

Superiority study of OTX-TKI in ~620 subjects with moderately-severe to severe NPDR without CI-DME

Primary Endpoint (Week 56)

Ordinal DRSS 2-step change status at **Week 56** from baseline
(≥ 2 step improvement, ≥ 2 -step worsening, < 2 -step change in either direction)



Superiority Primary Endpoint Successfully Met

OTX-TKI Demonstrated Superior Maintenance of Vision Compared to Aflibercept 2mg at Week 36*

First trial to demonstrate durability ≥ 9 months

In a post hoc analysis, 74.7% of subjects treated with OTX-TKI did not receive rescue treatments by Week 36

Unmatched Durability

Visual and anatomic stability with OTX-TKI

In a post hoc analysis, OTX-TKI subjects maintained visual and anatomical outcomes, with most remaining rescue-free through Week 36

Sustained Disease Control

OTX-TKI demonstrated a well-tolerated safety profile through Week 52

There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis

Well-Tolerated

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